PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09746567

CLAIMS AS FILED - PART I (Column 1)									MALL ENTITY			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			COMMIN	1)	(COIU	1111 Z)		TYPE _		OR I: I			
101AL OLANIO			·					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			3 minus 20=		* 11			X\$ 9=	99	OR	X\$18=		
INDEPENDENT CLAIMS			f minus 3 =					X40=	401-	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	494:	OR	TOTAL			
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR.	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	0	RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	** 3	31	= 2/		X\$ 9=	18.0	OPA	X\$18=		
	Independent	. 54	Minus	***	<u>U</u>	= /		X40=	1 =	OR	X80=		
L	FIRST PRESE	NTATION OF M				· F 00F		+135=		OR	+270€		
BEST AVAILABLE COP								TOTAL			TOTAL		
					· :			ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colu		(Column 3)	1 .	,	4551			4001	
AMENDMENT B	1	REMAINING AFTER		NUM PREVI	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	FOR	=	1	X\$ 9=	PEE	OR	X\$18=	FEE	
	Independent	*	Minus	***		=	1	X40=			X80=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	A40=		OR	700-		
								+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₽ Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J						
				<u>.</u> .	A - 40" !	-k		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
"	The "Highest Nu"	umber Previously to	raid For IN IH aid For" (Total (ııs spact	: IS IBSS (N dent) is th	പാ, ബലോട്. e highest numb	ner fo	und in the ap	propriate bo	x in co	olumn 1.		